

MDR Tracking Number: M4-04-4193-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/9/03.

I. DISPUTE

Whether there should be reimbursement for myofascial release - 97250, neuromuscular re-education – 97112 and office visit – 99203 from 3/31/03 through 5/2/03, denied by the carrier on the basis of lack of documentation.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/31/03 thru 4/11/03	97112 x 5 units	\$44.00	\$0.00	N	\$35.00 per unit	Section 408.021 (a)(1-3) MFG MGR (I)(A)(10)(a)	The bill indicates the requestor billed five units of neuromuscular re-education. The SOAP notes for the dates of service 3/31/03 through 4/11/03 indicate delivery of one unit of service. This was not paid by the respondent. Additional reimbursement of \$35.00 is recommended.
4/21/03 thru 5/2/02	97112 x 6 units	\$88.00	\$0.00	N	\$35.00 per unit.	Section 408.027 (a-d) CPT descriptor	The bills indicates that the requestor billed for 6 units of neuromuscular re-education. The SOAP notes for the dates of service 4/21/03 through 5/2/03 indicate delivery of only one unit of service which has been paid by the respondent per EOB. Additional reimbursement is not recommended.
3/31/03 thru 5/2/03	97250	\$55.00	\$0.00	N	\$43.00	MFG Preface Importance of Proper Coding	The CPT code used by the requestor signifies 97250 – myofascial release. The SOAP notes from 3/31/03 through 5/2/03 indicate use of

							massage but not myofascial release. Reimbursement is not recommended.
4/22/03	99203	\$94.00	\$0.00	N	\$74.00	Medical Fee Guideline Evaluation/ Management Guideline (VI)(A)	The office visit of 4/22/03 was properly documented by the SOAP notes for 4/22/03. However per MFG, a provider cannot bill for a new patient visit after the initial visit. Reimbursement is not recommended.
TOTAL							The requestor is entitled to reimbursement of \$35.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97112 in the amount of **\$35.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$35.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of August, 2004.

Medical Dispute Resolution Officer
Medical Review Division